U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3090	2. Fiscal Year Covered From:		
	2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name PATRICK L. RISIO	Name CAMANT MASONS UNION LOCAL NO 502		
	Labor Organization File Number 05.535		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street ((CCC SEATEN LN	Street 239 S. 25th Ave		
City SCHADON PLURA	City BYLL COODS		
State ZI ZIP Code + 4 <u>U0.194</u>	State ZIP Code + 4 LO104-1994		
5. Position in labor organization. PUSIN 255、みなとれて			
A. Held an interest in, engaged in transactions (including loans) with or o	sions set forth in the Instructions):		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
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monetary value from an employer whose employees your organization 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Arnount.		

Date

Telephone Number

Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name ACNGLD AND KADJAW Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 19 10 TACKSON BLVD City CH (CH-90 State IG 20 TACKSON BLVD	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CENCENT INDESENS UNION LOCKE (DO SD). Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 73.9 3 2541 And	11.a. Nature of such dealing UNION ATTOR		
Mention and the contraction of t	11.b. Approximate dollar value		
City <u>Cruition or</u> State <u>ID</u> ZIP Code + 4 <u>Indicate</u>	12.a. Nature of interest held Cコギをいるでいなる。例		
	12.b. Amount.	140.78	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Anymous of Transfer and Control of March 1997 and Control of Contr	

Name of Person Filing PATRICK (2004)		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptable and the consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines tively seeking to represent, or ndirectly to, or otherwise	s	
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Name CŽiMをis MSSISJS UN 00 UCAL NO Sp. Trade Name, If any: P.O. Box, Bldg., Room No., if any Street ラダンラグト Aでと City 多名ははつらから State ZIP Code + 4 Louis 4	UNION: ATTRE	e of such dealing. [S&L] or income received.	4.00
	12.b. Amount.		146
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	ing the second state of the second	
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer

Name of Person Filling FATRICK L RIZIO		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name LEGACY PROFESSIONALS LLP	a. Labor Organizal	ion		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any Street So NO CASALLE	c. Employer			
City CH (CH-5)				
State				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.		
Name CENTENT INTERNAL UNITED LOCAL INTO SEL	UNION AUDITO	P		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 339/32 2241, Avc	11.b. Approximate dollar value	of such dealing.		
City Of Victory	12.a. Nature of interest held			
State ZIP Code + 4 Louis Gay	Wessender Re	ALSO HOUGH STATES		
	12.b. Amount.	M.432		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Secretary of Children and Child		

Name	ωf	Person	Filina
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PATRICK	}	RIZ	
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File Number U-

B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise	
B. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ARNOLD AND KADJAW Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street 19 10 1ACKSEN BLUD	c. Employer	
city CH 46450		
State ZIP Code + 4 (a) (a) (a) (3) 58		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name CENVENTIMISSMIS UNIVOLUCION NO SOL	UNION ATTORNEY	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
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City & Little of the	12.a. Nature of interest held or income received.	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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	12.b. Amount.	#6732 J
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	Reddings and Alba Leady and Alba Lea
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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